

Message Text

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ACTION HEW-06

INFO OCT-01 NEA-10 ISO-00 INR-07 IO-10 MED-03 NSAE-00

PA-02 RSC-01 OES-05 USIA-15 PRS-01 CIAE-00 AID-05

FDRE-00 DODE-00 OMB-01 TRSE-00 ABF-01 AF-10 EUR-12

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R 251145Z NOV 74

FM AMEMBASSY NEW DELHI

TO SECSTATE WASHDC 5402

INFO AMCONSUL BOMBAY

AMCONSUL CALCUTTA

AMCONSUL MADRAS

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PASS: DHEW/PHS/CDC

E.O. 11652: N/A

TAGS: TBIO IN

SUBJECT: STATUS OF SMALLPOX PROGRAM IN INDIA

I. BACKGROUND

IN 1966, MEMBER COUNTRIES OF WORLD HEALTH ORGANIZATION RESOLVED TO ACHIEVE A SMALLPOX FREE WORLD WITHIN 10 YEARS. THE U.S. STRONGLY SUPPORTED THE RESOLUTION AND AGREED TO PROVIDE BILATERAL ASSISTANCE TO 20 COUNTRIES OF WEST AND CENTRAL AFRICA. OF ALL SMALLPOX ENDEMIC AREAS, WEST AFRICA HAD THE LEAST DEVELOPED MEDICAL INFRASTRUCTURE, COMMUNICATIONS OR TRANSPORTATION FACILITIES.

TECHNICAL ASSISTANCE TO WEST AFRICA WAS COORDINATED BY THE CENTER FOR DISEASE CONTROL/DHEW. THE GOAL OF SMALLPOX ERADICATION IN THAT AREA WAS REACHED IN LESS THAN 3-1/2 YEARS, PROVIDING A CATALYST TO THE GLOBAL EFFORT. THE STRATEGY OF SURVEILLANCE AND CONTAINMENT WHICH WAS PIONEERED IN WEST AFRICA BECAME THE BASIC STRATEGY FOR THE GLOBAL PROGRAM.

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IN 1966, 43 COUNTRIES REPORTED SMALLPOX AND 30 OF THESE WERE

CONSIDERED ENDEMIC FOR SMALLPOX. BY 1973 ONLY 4 COUNTRIES WERE STILL ENDEMIC FOR SMALLPOX WITH INDIA RESPONSIBLE FOR 65 PERCENT OF ALL REPORTED CASES.

II. INTENSIFIED CAMPAIGN IN INDIA

IN OCTOBER 1973, INTENSIFIED ACTIVITIES WERE INITIATED THROUGHOUT INDIA WITH MAJOR ATTENTION TO THE HIGHLY ENDEMIC STATES OF BIHAR, UTTAR PRADESH, WEST BENGAL AND MADHYA PRADESH.

A. STRATEGY - THE STRATEGY INCLUDES:

(1) ASSIGNMENT OF SPECIFIC GEOGRAPHIC RESPONSIBILITIES TO NATIONAL AND INTERNATIONAL EPIDEMIOLOGISTS. (2) TRAINING PROGRAMMES AT NATIONAL, STATE, DIVISIONAL, DISTRICT AND BLOCK LEVELS TO STANDARDIZE METHODOLOGY. (3) SURVEILLANCE BY WAY OF ONE-WEEK-PER-MONTH VILLAGE TO VILLAGE SEARCHES, DOOR TO DOOR SEARCHES IN URBAN AREAS, MARKET SURVEYS, WEEKLY REPORTING BY NON-MEDICAL GROUPS SUCH AS SCHOOL TEACHERS OR VILLAGE LEVEL WORKERS, SURVEILLANCE OF BURIAL GROUNDS, AND CASH REWARDS FOR THE REPORTING OF NEW OUTBREAKS. (4) CONTAINMENT OF OUTBREAKS BY TEAMS TRAINED TO INVESTIGATE, VACCINATE CONTACTS AND FOLLOW UP ON OUTBREAKS FOR 4 WEEKS AFTER THE ONSET OF ILLNESS IN THE LAST CASE.

B. PERSONNEL

TO PROVIDE TECHNICAL GUIDANCE, SUPERVISION AND ASSESSMENT, SHORT TERM CONSULTANTS HAVE BEEN ASSIGNED, PRIMARILY IN BIHAR AND UTTAR PRADESH. IN GENERAL ABOUT 50 PERCENT HAVE BEEN INDIAN EPIDEMIOLOGISTS RECRUITED BY THE CENTRAL MINISTRY OF HEALTH AND 50 PERCENT HAVE BEEN INTERNATIONALS RECRUITED BY WHO, GENEVA. IN EARLY 1974, THE NEED TO AUGMENT PERSONNEL RESOURCES HAD BECOME OBVIOUS. THE STRATEGY WAS WORKING BUT REQUIRED MORE EPIDEMIOLOGISTS TO SUPERVISE, ASSESS AND TRAIN FIELD TEAMS. WITH THE HELP OF 2.8 MILLION DOLLARS DONATED BY SWEDEN, A CRASH RECRUITMENT PROGRAMMED LED TO AN INCREASE IN SHORT TERM CONSULTANTS. IN JANUARY 1974, 16 SHORT TERM CONSULTANTS WERE IN THE FIELD. ON 4 NOVEMBER 1974, THERE WERE 93 SHORT TERM EPIDEMIOLOGISTS IN ADDITION TO 11 FULL TIME MEDICAL OFFICERS.

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OF THE 93, INTERNATIONALS ACCOUNT FOR 54 (INCLUDING 24 AMERICANS). MOST AMERICANS HAVE BEEN SUPPLIED BY THE CENTER FOR DISEASE CONTROL/DHEW.

IN ADDITION TO THE EPIDEMIOLOGISTS, STATE SURVEILLANCE TEAMS AND DISTRICT CONTAINMENT TEAMS HAVE BEEN FORMED AND 3 TO 5 WORKERS IN EACH BLOCK ARE ASSIGNED TO SMALLPOX WORK ONLY.

DURING ACTIVE SEARCH WEEKS WORKERS ARE USED FROM OTHER PROGRAMMES TO MAKE A TOTAL OF 10 TO 20 SEARCHERS PER BLOCK

OR 20,000 IN U.P. AND BIHAR.

C. RESULTS

FOR THE LAST YEAR ABOUT 200,000 VILLAGES HAVE BEEN VISITED PER MONTH IN UP AND BIHAR ALONE. AN ESTIMATED 9000 MARKET SURVEYS ARE DONE EACH MONTH IN THOSE STATES. LESS FREQUENT SEARCHES (EVERY 2 TO 4 MONTHS) ARE DONE IN AREAS WITH LITTLE SMALLPOX. IN SOME MONTHS AS MANY AS 500,000 VILLAGES ARE SEARCHED IN ALL OF INDIA. INTEREST IS VERY HIGH AT CENTRAL GOVERNMENT LEVELS, IN STATE MINISTRIES OF HEALTH AND IN PRIMARY HEALTH CENTER STAFF. SECONDARY SURVEILLANCE SYSTEMS HAVE BEEN ESTABLISHED IN MANY OF THE ENDEMIC AREAS USING SCHOOL TEACHERS, VILLAGE LEVEL WORKERS AND VILLAGE CHOWKIDARS. A REWARD OF RS. 50/- IS NOW OFFERED FOR EVERY NEW OUTBREAK REPORTED AND PUBLICITY OF THIS REWARD HAS BEEN GIVEN BY NEWSPAPER AND RADIO. A COUNTRY WIDE SEARCH WILL BE REPEATED IN DECEMBER AND A COORDINATED HIGH PUBLICITY SEARCH OF OVER 1/2 MILLION VILLAGES WILL BE DONE IN JANUARY 1975 TO FIND ANY REMAINING HIDDEN OUTBREAKS.

INITIAL SEARCHES IN LATE 1973 REVEALED GROSS UNDER-REPORTING IN THE PAST AND THEREFORE MORE OUTBREAKS WERE FOUND THAN HAD BEEN ANTICIPATED. THE ONE WEEK SEARCH IN OCTOBER 1973 IN UTTAR PRADESH AND BIHAR LED TO THE FINDING OF 10,000 CASES IN 2500 OUTBREAKS. APPROXIMATELY, 35,000 OUTBREAKS HAVE BEEN DISCOVERED SINCE OCTOBER 1973 AND IN THE LAST SIX MONTHS CONTAINMENT TEAMS HAVE WORKED ON 20,000 OUTBREAKS. (AN OUTBREAK IS DEFINED AS 1 OR MORE CASES OF SMALLPOX IN A VILLAGE OR LOCAL AREA OF AN URBAN AREA). MOYNIHAN

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FROM THE PEAK OF 8403 PENDING ACTIVE OUTBREAKS IN MAY, THE NUMBER OF PENDING OUTBREAKS DECLINED TO 2120 AT THE END OF SEPTEMBER, AND TO 891 BY THE END OF OCTOBER. ON 25 NOVEMBER 1974, ONLY 316 OUTBREAKS REMAIN. IT NOW APPEARS FEASIBLE TO HAVE 50 OR LESS OUTBREAKS BY THE END OF DECEMBER AND INTERRUPTION OF KNOWN TRANSMISSION IN JANUARY 1975. BASED ON EXPERIENCE IN OTHER PROGRAMS THE DISCOVERY OF OCCASIONAL HIDDEN FOCI CAN BE EXPECTED UNTIL JUNE OR JULY 1975. ADEQUATE SURVEILLANCE MUST BE CONTINUED FOR 2 YEARS AFTER THE LAST CASE.

III. COSTS

TOTAL COSTS FROM THE INDIAN SIDE ARE ESTIMATED AT APPROXIMATELY 5 MILLION DOLLARS FROM CENTRAL GOVERNMENT IN 1974 AND BETWEEN 5 AND 10 MILLION DOLLARS FROM STATE GOVERNMENTS. IN ADDITION WHO IS SPENDING 3 MILLION DOLLARS IN 1974 (Y86,000 FROM WHO BUDGET AND REMAINDER FROM SWEDISH INTERNATIONAL DEVELOPMENT AUTHORITY). OF WHO MONEY DOLS830,000 IS SPENT FOR PERSONNEL, DOLS1 MILLION FOR VEHICLES, PRINTING AND EQUIPMENT AND REMAINDER UNCLASSIFIED
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FOR FIELD COSTS SUCH AS GASOLINE FOR EPIDEMIOLOGISTS AND GOVERNMENT TEAMS, PER DIEM ETC.

IV. FUTURE PLANS

ASSUMING INTERRUPTION OF SMALLPOX TRANSMISSION IN JANUARY 1975 SPECIAL EPIDEMIOLOGISTS WILL CONTINUE TO ADVISE ON AND SUPERVISE VILLAGE SEARCHES, MARKET SURVEYS, MAINTENANCE OF SURVEILLANCE SYSTEMS USING NON-MEDICAL PERSONNEL AND ASSESSMENT OF PROGRAM ACTIVITIES FOR A FULL TWO-YEAR AFTER THE LAST CASE. AFTER WHICH ALL SMALLPOX WORK COULD CEASE WORLDWIDE. SUPPORT ACTIVITIES WHICH MUST BE CONTINUED INCLUDE (1) LABORATORY ASSISTANCE TO EVALUATE HUNDREDS AND PERHAPS THOUSANDS OF SUSPICIOUS RASH ILLNESS. (2) PUBLICITY ON REWARDS, HOW TO REPORT ETC. (3) PRINTING OF MILLIONS OF SEARCH FORMS NOW IN USE. (4) PROCEDURES FOR PROVIDING GASOLINE AND PER DIEM TO VARIOUS LEVELS OF HEALTH WORKERS. (5) PLANNING AND CONDUCTING MONTHLY MEETINGS IN PRIORITY STATES TO REVIEW, MOTIVATE AND PLAN. EPIDEMIOLOGISTS REQUIRED IN THE FIRST SIX MONTHS OF 1975 WILL BE APPROXIMATELY 50 PERCENT OF CURRENT REQUIREMENTS. THIS WILL

INCLUDE FULL STAFFING FOR THE FIRST 6 TO 8 WEEKS OF 1975 AND A REDUCTION BELOW 50 PERCENT OF CURRENT STAFFING BY 1 JULY 1975. A REDUCTION TO 25 PERCENT OF CURRENT STAFFING IS EXPECTED FOR THE JULY-DECEMBER 1975 PERIOD. ESTIMATED WHO FINANCIAL REQUIREMENTS IN 1975 ARE 2.2 MILLION DOLLARS. APPROXIMATELY 500,000 DOLLARS WILL BE AVAILABLE IN CARRY OVER FUNDS FROM 1974 AND 300,000 DOLLARS WILL BE AVAILABLE FROM REGULAR WHO BUDGET. THE SWEDISH INTERNATIONAL DEVELOPMENT AUTHORITY (SIDA) HAS BEEN APPROACHED TO PROVIDE 1975 FUNDS FOR BOTH INDIA AND BANGLADESH, A TOTAL OF 2.0 MILLION DOLLARS. THE OUTCOME OF THIS REQUEST WILL NOT BE KNOWN FOR APPROXIMATELY ONE MONTH.

V. RECOMMENDATIONS

THE U.S. HAS BEEN A CONSISTENT SUPPORTER OF GLOBAL SMALLPOX ERADICATION WITH BOTH FUNDS AND PERSONNEL. THE SUPPORT BY THE CENTER FOR DISEASE CONTROL/DHEW TO THE INDIAN PROGRAM HAS BEEN EXEMPLARY AND SHOULD BE ENCOURAGED. IT IS IN THE US INTEREST TO ELIMINATE SMALLPOX WORLDWIDE AS IT IS ESTIMATED THE U.S. HAS SPENT OVER 140 MILLION DOLLARS A YEAR TO PREVENT SMALLPOX IMPORT-
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ATION. IF THE MAINTENANCE PROGRAM IN 1975 AND 1976 REQUIRES FINANCIAL SUPPORT WHICH IS NOT FORTHCOMING FROM SIDA IT MAY BE ADVISABLE FOR THE U.S. TO CONSIDER SUCH ASSISTANCE THROUGH THE WHO SPECIAL FUND FOR SMALLPOX ERADICATION. MOYNIHAN

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